TREATMENT PROTOCOL: PEDIATRIC TACHYDYSRHYTHMIAS

1. Basic airway
2. Pulse oximetry
3. Oxygen prn
4. Assist respirations with bag-valve-mask prn using "squeeze-release-release" technique
5. Cardiac monitor: 12-lead ECG; document rhythm and attach ECG strip if dysrhythmia
6. Supine position prn
7. Venous access prn

SINUS TACHYCARDIA **Infants: heart rate less than 220bpm** **Children: heart rate less than 180bpm**	**SVT (NARROW COMPLEX)** **Infants: heart rate equal to or greater than 220bpm** **Children: heart rate equal to or greater than 180bpm**	**V-TACH** **Wide Complex**
8. Adequate Perfusion: monitor closely for potential deterioration Rapid transport Poor perfusion: **Normal Saline** fluid challenge 20ml/kg IV 9. Continually reassess respirations and pulses 10. **ESTABLISH BASE CONTACT (ALL)**	8. **Normal Saline** fluid challenge 20ml/kg IV 9. **ESTABLISH BASE CONTACT (ALL)** 10. **Adenosine** 0.1mg/kg rapid IV push Poor perfusion: 0.2mg/kg rapid IV push Maximum first dose 6mg, immediately follow with 10-20ml Normal Saline rapid IV flush May be repeated one time **if it does not delay cardioversion** Contraindications: 2nd and 3rd degree heart block; history of Sick Sinus Syndrome See Color Code Drug Doses/L.A. County Kids 11. Consider sedation in the awake patient prior to cardioversion: **Midazolam** 0.1mg/kg IV push, titrate to sedation 0.1mg/kg IM or IN, if unable to obtain venous access May repeat one time in 5min, maximum total pediatric dose 5mg all routes Monitor airway continuously after administration 12. If no conversion: Synchronized cardioversion: 0.5-1.0J/kg ❶❷ 13. If no conversion: synchronized cardioversion 2J/kg❶❷ 13. Continually reassess respirations and pulses	8. Poor perfusion: Synchronized cardioversion 0.5-1J/kg❶❷ (monophasic or biphasic) 9. If no conversion: Synchronized cardioversion 2J/kg❶❷ 10. **ESTABLISH BASE CONTACT (ALL)** 11. Consider sedation in the awake patient prior to cardioversion: **Midazolam** 0.1mg/kg IV push, titrate to sedation 0.1mg/kg IM or IN, if unable to obtain venous access May repeat one time in 5min, maximum total pediatric dose 5mg all routes Monitor airway continuously after administration 12. If no conversion: Synchronized cardioversion: 2J/kg❶❷ 13. Continually reassess respirations and pulses

SPECIAL CONSIDERATIONS

❶ If monitor does not discharge on “sync”, turn off sync and defibrillate.

❷ For failure to convert or transient conversion to normal sinus rhythm, consider expedited transport.